



## NEW AND RENEWAL APPLICATION FOR A PASSENGER SERVICE COMPANY REGISTRATION

### INSTRUCTIONS FOR NEW AND RENEWAL APPLICANTS TO COMPLETE APPLICATION:

- Type or print neatly.
- All questions must be answered completely.
- Attach blank sheets if items cannot be completed in the space provided on the application.
- Signature of Passenger Service Company owner must be notarized.
- Separate application is required for each passenger service company dispatch telephone number.
- Complete affidavit of financial liability.
- NOTE: Your application will not be processed unless all required attachments are submitted.
- Submit as attachment #1 Affidavit of financial liability
- Submit as attachment #2 A **certified financial** statement or signed federal tax return for the previous year.
- Submit as attachment #3 A proposed color scheme which will be utilized for each for-hire vehicle operated under the Passenger Service Company (**only one dispatch telephone number will be provided in application, also dispatch telephone number must be the same as number shown in color scheme**) you may use the form provided or a photograph.
- A copy of a current and valid Miami-Dade occupational license.
- The fee is \$95.00 per application. Check, money order, visa card or master card will be accepted. Make sure your check is payable to **Board of County Commissioners**.

### NEW APPLICANTS SHALL ALSO SUBMIT:

- Submit as attachment #4 a copy of the current, valid Miami-Dade County occupational license, **section 31-100 (c) (2) of the Miami-Dade Code provides that such place of business shall be in Miami-Dade County and shall be in compliance with applicable zoning requirements for its operations**).
- Submit as attachment #5 a copy of the Articles of Incorporation or fictitious name registration for the passenger service company.
- Submit as attachment #6 two (2) Miami-Dade County written credit references, including at least one (1) bank where the applicant has a current account.
- *The bank credit reference must be on bank letter head; be addressed to Director, Passenger Transportation Regulatory Division, CSD, 140 W. Flagler Street, Room 904, Miami, FL 33130; stipulate how long the applicant has had the account, the type of account; the applicant's credit worthiness. The letter shall be signed by an authorized bank representative.*
- *The business credit references shall be from companies with which the applicant has maintained a business relationship for more than one year and are not affiliated with the applicant or a Credit Bureau Report. The business reference shall be on company letter addressed to Director, Passenger Transportation Regulatory Division, CSD, 140 W. Flagler Street, Room 904, Miami, FL 33130. The references shall stipulate how long the applicant has had an account, the type of account and the applicant's credit worthiness. The letters shall be signed by the business owner.*
- Each applicant is required to submit a fingerprint background check. You may have your fingerprints and photograph taken at any Miami-Dade Police Department district station. In case of a corporate or partnership applicant, this information shall be obtained from **ALL** corporate officers and directors or partners, as the case may be. In the case of corporation, this information shall be obtained from stockholders who own, hold, or control five (5) percent or more of the corporation's issued and outstanding stock.

**FINGERPRINT AND PHOTOGRAPH CHECKS ARE REQUIRED FOR EACH PARTNER, CORPORATE DIRECTOR, OFFICER, SHAREHOLDER WITH 5% OR MORE SHAREHOLDER INTEREST OR PARTNER.**

**NOTICE: No applicant shall be eligible for a passenger service company registration if he/she/it:**

- (1) Has misrepresented or concealed a material fact on his/her/its application;
- (2) Is an alien who is not duly authorized to work by the immigration laws or the Attorney General of the United States;
- (3) Is a user of alcohol or drugs whose current use would constitute a direct threat to property or the safety of others;
- (4) Has within the last five (5) years pled nolo contendere, pled guilty, been found guilty or been convicted of a felony regardless of whether adjudication has been withheld, unless his or her civil or residency rights have been restored;
- (5) Has pled nolo contendere, pled guilty, been found guilty or been convicted of any crime wherein a for-hire vehicle was employed whether or not adjudication has been withheld;
- (6) Has pled nolo contendere, pled guilty, been found guilty or been convicted of any felony, regardless of whether adjudication has been withheld, involving moral turpitude relating to sex, the use of a deadly weapon, homicide, trafficking in narcotics, violence against a law enforcement officer under §775.0823, Florida Statutes, or is a habitual violent felony offender under §775.084, Florida Statutes;
- (7) Violated any condition, limitation, or restriction of a for-hire license imposed by the director or commission where the director deems the violation to be grounds for denial;
- (8) Was enjoined by a court of competent jurisdiction from engaging in the for-hire business or was enjoined by a court of competent jurisdiction with respect to any of the requirements of this chapter;
- (9) If the person is a corporation or partnership, a stockholder, officer, director, or partner thereof and has committed an act or omission which would be cause for denying a for-hire license to the officer, director, stockholder, or partner as an individual;
- (10) Failed to comply with the terms of a cease and desist order, notice to correct a violation or any other lawful order of the director;
- (11) Has any unsatisfied civil penalty or judgment relating to the for-hire operations;
- (12) Is not located in Miami-Dade County and/or its place of business is not a properly zoned location;
- (13) Has within the last five (5) years pled nolo contendere, pled guilty, been found guilty or been convicted of any misdemeanor (regardless of whether adjudication is withheld) involving moral turpitude relating to sex; or;
- (14) Has within the last ten (10) years pled nolo contendere, pled guilty, been found guilty or been convicted (regardless of whether adjudication is withheld) of any offense involving trafficking in narcotics. After said ten (10) year period, such person shall only be eligible if and when his or her civil or residency rights have been restored.

# APPLICATION FOR PASSENGER SERVICE REGISTRATION

For PTRD Use Only  
☐ New  
☐ Renewal  
PSC Reg. No. \_\_\_\_\_

NOTE: A Passenger Service Company Registration cannot be sold, transferred, assigned or leased. Any change in control or ownership of a passenger service company registration shall immediately terminate the registration and a new passenger service company application shall be filed.

## 1 APPLICANT INFORMATION

### (A) APPLICANT IDENTIFICATION:

#### 1. To be completed if applicant is an individual:

**Full Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Residence Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
**Trade Name(s)** \_\_\_\_\_ **Business Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

#### 2. To be completed if applicant is a partnership:

**Full Legal Name of Partnership** \_\_\_\_\_  
**Partnership Business Mailing Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Business Phone** \_\_\_\_\_ **Dispatch Telephone No.** \_\_\_\_\_  
**Federal Identification Number** \_\_\_\_\_  
**Date and location partnership was formed** \_\_\_\_\_  
**Trade Name(s)** \_\_\_\_\_ **Business Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

**Full Legal Name of Partner 1** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Residence Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Full Legal Name of Partner 2** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Residence Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Name of Agent for Applicant** \_\_\_\_\_  
**Residence Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

### LIST ADDITIONAL PARTNERS ON A SEPARATE SHEET

#### 3. To be completed if applicant is a corporation:

**Full Legal Name of Corporation** \_\_\_\_\_  
**Corporation Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Date/location corporation formed** \_\_\_\_\_ **Federal Identification Number** \_\_\_\_\_  
**Trade Name(s)** \_\_\_\_\_ **Business Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Business Phone** \_\_\_\_\_  
**Dispatch Telephone No.** \_\_\_\_\_

**Name of Corporate Resident Agent** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

Passenger Service Company Application

**NOTE: Failure to designate an individual with more than 5% of the shares of the corporation will result in the inability to issue the passenger service company registration.**

**Full Name of Officer/Director/Shareholder** \_\_\_\_\_

Title(s) \_\_\_\_\_ Percentage (%) of Shareholder Interest \_\_\_\_\_

Date of Birth \_\_\_\_\_ Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**Full Name of Officer/Director/Shareholder** \_\_\_\_\_

Title(s) \_\_\_\_\_ Percentage (%) of Shareholder Interest \_\_\_\_\_

Date of Birth \_\_\_\_\_ Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**Full Name of Officer/Director/Shareholder** \_\_\_\_\_

Title(s) \_\_\_\_\_ Percentage (%) of Shareholder Interest \_\_\_\_\_

Date of Birth \_\_\_\_\_ Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

## **LIST OTHER OFFICERS/DIRECTORS/SHAREHOLDERS ON A SEPARATE SHEET**

## **2 DISCLOSURE TO BE COMPLETED BY ALL APPLICANTS**

### **1. To be completed by all applicants:**

List the name, residence address (P. O. Boxes not acceptable), date of birth, and telephone number for any person who has an interest (legal, equitable, beneficial, or otherwise) in the passenger service company registration.

**Legal Interest** - This includes, among other things, an interest arising out of a contract. Any person who has entered into a contract relating to the purchase of the license (conditional sale) has a legal interest in the license.

**Equitable Interest** - This includes, among other things, a beneficiary in case of a license holders death or divorce. Spouses or other designated beneficiaries have an equitable interest in the license.

**Beneficial Interest** - Any person who derives a profit, benefit or advantage resulting from a contract with the license holder. This would include any person who benefits in some way through the license holder.

**Full Name** \_\_\_\_\_ **Type of Interest** \_\_\_\_\_  
**Residence Address** \_\_\_\_\_ **City** \_\_\_\_\_  
**State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Full Name** \_\_\_\_\_ **Type of Interest** \_\_\_\_\_  
**Residence Address** \_\_\_\_\_ **City** \_\_\_\_\_  
**State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Full Name** \_\_\_\_\_ **Type of Interest** \_\_\_\_\_  
**Residence Address** \_\_\_\_\_ **City** \_\_\_\_\_  
**State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Full Name** \_\_\_\_\_ **Type of Interest** \_\_\_\_\_  
**Residence Address** \_\_\_\_\_ **City** \_\_\_\_\_  
**State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Full Name** \_\_\_\_\_ **Type of Interest** \_\_\_\_\_  
**Residence Address** \_\_\_\_\_ **City** \_\_\_\_\_  
**State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

2. Is each individual, partner, corporate officer, director, or stockholder authorized to work in the United States by the immigration laws or the Attorney General of the United States?  
NO [ ] YES [ ]
3. Is either individual, partner, or corporate officer, director, or stockholder a user of drugs or alcohol?  
NO [ ] YES [ ]
4. Has any individual, partner of the partnership, or corporate officer, director or stockholder of the corporation committed an act or omission which would be cause for denying this passenger service company registration?  
NO [ ] YES [ ] If yes, provide a written explanation for each occurrence. Include date(s) and circumstances  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3 MANAGEMENT PLAN

Provide information on how the following business functions will be conducted and managed. (You can submit a separate detailed plan describing services that will be provided to the passenger

**Note: Place of business shall be in Miami-Dade County, and shall be in compliance with applicable zoning requirements for its operation.**

(A) Full Legal Name of Passenger Service Company \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Office phone \_\_\_\_\_  
Dispatch Telephone No. \_\_\_\_\_

(B) Name and experience of proposed General Manager:

\_\_\_\_\_  
\_\_\_\_\_

(C) Vehicle Maintenance system:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(D) Complaint Handling system:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(E) System for handling accident(s) and/or injury:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(F) System for handling property left by passengers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(G) Radio or Cellular dispatch system including procedures for receiving passenger calls and dispatching calls:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(H) System for maintenance of business records:

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(I) Driver Training Program:

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(J) Vehicle Insurance System:

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#### 4 CRIMINAL RECORD:

**NOTE: This information shall be provided for each partner and any stockholder who owns, holds or controls five (5) percent or more of the corporation's issued and outstanding stock.**

Have you pled nolo contendere, pled guilty, been found guilty, or been convicted of a felony within the last five (5) years preceding the date of the application, regardless of whether adjudication has been withheld?

NO [ ☐ ]      YES [ ☐ ]      If yes, complete the following for each conviction:

NAME	CHARGE	DATE	COURT & LOCATION

Have you pled nolo contendere, pled guilty, been found guilty, or been convicted of any crime wherein a for-hire vehicle was employed whether or not adjudication has been withheld?

NO [ ☐ ]      YES [ ☐ ]      If yes, complete the following for each conviction:

NAME	CHARGE	DATE	COURT & LOCATION

Have you pled nolo contendere, pled guilty, been found guilty, or been convicted of any felony, regardless of whether or not adjudication has been withheld, involving moral turpitude relating to sex, the use of a deadly weapon, homicide, trafficking in narcotics, violence against a law enforcement officer under §775.0823 Florida Statutes, or is a habitual violent felony offender under §775.084 Florida Statutes?

NO [ ☐ ]      YES [ ☐ ]      If yes, complete the following for each conviction:

NAME	CHARGE	DATE	COURT & LOCATION

Have you within the last five (5) years plead nolo contendere, pled guilty, been found guilty or been convicted of any misdemeanor (regardless of whether adjudication has been withheld) involving moral turpitude relating to sex?

NO [ ] YES [ ] If yes, complete the following for each conviction:

NAME	CHARGE	DATE	COURT & LOCATION
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Have you within the last ten (10) years plead nolo contendere, pled guilty, been found guilty or been convicted (regardless of whether adjudication has been withheld) of any offense involving trafficking in narcotics?

NO [ ] YES [ ] If yes, complete the following for each conviction:

NAME	CHARGE	DATE	COURT & LOCATION
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Have your civil or residence rights been restored? NO [ ] YES [ ] (Provide documented proof)

Has this business ever been in bankruptcy?

NO [ ] YES [ ] If yes, provide a written explanation for each occurrence. Include date(s) and circumstances


Have you violated any condition, limitation or restriction of a passenger service company registration imposed by the director or commission?

NO [ ] YES [ ] If yes, provide a written explanation for each occurrence. Include date(s) and circumstances


Have you failed to comply with the terms of a cease and desist order, notice to correct a violation or any other lawful order of the director?

NO [ ] YES [ ] If yes, provide a written explanation for each occurrence. Include date(s) and circumstances


Do you have any unsatisfied civil penalty or civil judgment pertaining to for-hire operations?

NO [ ] YES [ ] If yes, complete the following for each unsatisfied civil penalty or judgment:

NAME	CASE NO.	DATE	COURT & LOCATION
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#### Passenger Service Company Application

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Have you ever been enjoined by a court of competent jurisdiction from engaging in the for-hire business or enjoined by a court of competent jurisdiction with respect to any of the requirements of Chapter 31 of the Code of Miami-Dade County?

NO [    ]            YES [    ]    If yes, complete the following for each occurrence:

NAME	CASE NO.	DATE	COURT & LOCATION

## 5 APPLICANT CERTIFICATION (Individual)

Before me, the undersigned authority, this day personally appeared \_\_\_\_\_, who, being by me first duly sworn, deposes and says, that he/she is the applicant in the foregoing application, and that the statements made herein and attached hereto are true and correct; grants authority to Miami-Dade County to verify the information contained herein, understands that Miami-Dade County reserves the right to deny this application based upon the misrepresentation; alteration; omission; incompleteness of material fact; or for any of the reasons set forth in Section 31-100 (d) of the Code of Miami-Dade County and agrees to comply with all provisions and requirements of Chapter 31 of the Code, should this application be approved and further certifies that he/she has entered into a passenger service agreement with the for-hire license holder for each vehicle it operates, and that he/she has entered into a chauffeurs agreement with each chauffeur who operates or drives a for-hire vehicle for which the passenger service company provides passenger services, should this application be approved.

\_\_\_\_\_  
Signature of Applicant

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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## APPLICANT CERTIFICATION (Corporation/Partnership)



Before me, the undersigned authority, this day personally appeared \_\_\_\_\_, who, being by me first duly sworn, deposes and says, that he/she is the \_\_\_\_\_ of \_\_\_\_\_, the applicant in the foregoing application, and that the statements made herein and attached hereto are true and correct, grants authority to Miami-Dade County to verify the information contained herein, understands that Miami-Dade County reserves the right to deny this application based upon the misrepresentation; alteration; omission; incompleteness of material fact; or for any of the reasons set forth in Section 31-100 (d) of the Code of Miami-Dade County and agrees to comply with all provisions and requirements of Chapter 31 of the Code, should this application be approved and further certifies that he/she has entered into a passenger service agreement with the for-hire license holder for each vehicle it operates, and that he/she has entered into a chauffeurs agreement with each chauffeur who operates or drives a for-hire vehicle for which the passenger service company provides passenger services, should this application be approved.

\_\_\_\_\_  
Signature of Applicant

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

SEAL

CORPORATE SEAL

**PTRD USE ONLY**

Date application received: \_\_\_\_\_

Fee Amount received: \_\_\_\_\_